a	Substitute for form 1449A/PTO			COMPLETE IF KNOWN		
	INFORMATION DISCLOSING		Application Number	10/509,277		
	TATEMENT BY	, A TO	OIPE 4	Filing Date	September 27, 2004	
3	IAIEMENI BY	A		First Named Inventor	W.K. Hagmann et al.	
		- (		Group Art Unit	1621	
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Examiner Initials*	Cite No.	U.S. Patent Document	Kind Code known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY			
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<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. Computer generated form\* IDS Form\* (IDS Form\* (IDS Form\*), Merck & Co., Inc., 8/24/2006

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